

City of San Antonio
Grievance Form
Step 1 – Employee
(See Instructions)

Name of Employee

Name of Immediate Supervisor

Job Title

Department

Employee's Authorize Representative (if any)

EMPLOYEE'S STATEMENT OF GRIEVANCE:

Date of Incident: _____

ADJUSTMENT SOUGHT BY EMPLOYEE:

Date

Employee's Signature

I acknowledge receipt of this Grievance

Date

Supervisor's Signature

STEP 1 – EMPLOYEE

INSTRUCTIONS

Before completing this form, discuss your complaint with your immediate supervisor. **Be sure to talk to your supervisor within thirty (30) calendar days of the date on which the incident you are dissatisfied with occurred.** After telling your supervisor about the problem, he or she has three (3) working days to give you an answer. If you are not satisfied with that answer, put your grievance in writing on this form within three (3) working days after getting your supervisors' answer. If you do not receive an answer on time, you may complete this form within three (3) working days after the supervisor's time runs out.

1. Print or type your name and job title in the spaces provided at the top of the form. If you wish a union or someone else to represent you, print or type their name. Print or type the name of your supervisor and the name of the department where you work.
2. Under "EMPLOYEE'S STATEMENT OF GRIEVANCE", tell what happened in your own words. Include the date of the incident, as well as all important facts such as:
 - a. Who was involved in the incident?
 - b. Where did it occur?
 - c. What happened? Include as much detail as possible.
 - d. Were there any witnesses? Include their name, title and department.

Be as detailed as possible - your supervisor will not be able to take action on any problem not included on this form.

3. Under "ADJUSTMENT SOUGHT BY EMPLOYEE", tell what you think should be done to correct the problem.
4. Sign and date the form.
5. Give this form to your immediate supervisor and ask him or her to sign and date it.
6. After both you and the supervisor have signed the form, you will receive a copy of this form for your records, and/or for your representative.
7. Your supervisor must give you a written answer to this grievance within two (2) working days. If you do not receive a written answer on time, you may take your copy of this grievance to the person who is in charge of the division where you work within three (3) working days after your immediate supervisor's time runs out.
8. If you have any questions about the Grievance Procedure, you may call the Employee Relations Division of the Human Resources Department at (210) 207-8334.